

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			11-30-00
FORMALITY REVIEW	WN	67479	1-27-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
11 11	
12 13	
13 03 03	
14 03 03	
15 03 03	
16 03 03	
17 03 03	
18 03 03	
19 03 03	
20 03 03	
21 03 03	
22 03 03	
23 03 03	
24 03 03	
25 03 03	
26 03 03	
27 03 03	
28 03 03	
29 03 03	
30 03 03	
31 03 03	
32 03 03	
33 03 03	
34 03 03	
35 03 03	
36 03 03	
37 03 03	
38 03 03	
39 03 03	
40 03 03	
41 03 03	
42 03 03	
43 03 03	
44 03 03	
45 03 03	
46 03 03	
47 03 03	
48 03 03	
49 03 03	
50 03 03	

Claim	Date
Final Original	
11 11	
12 13	
13 03 03	
14 03 03	
15 03 03	
16 03 03	
17 03 03	
18 03 03	
19 03 03	
20 03 03	
21 03 03	
22 03 03	
23 03 03	
24 03 03	
25 03 03	
26 03 03	
27 03 03	
28 03 03	
29 03 03	
30 03 03	
31 03 03	
32 03 03	
33 03 03	
34 03 03	
35 03 03	
36 03 03	
37 03 03	
38 03 03	
39 03 03	
40 03 03	
41 03 03	
42 03 03	
43 03 03	
44 03 03	
45 03 03	
46 03 03	
47 03 03	
48 03 03	
49 03 03	
50 03 03	

Claim	Date
Final Original	
101	
102	
103	
104	
105	
106	
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	
138	
139	
140	
141	
142	
143	
144	
145	
146	
147	
148	
149	
150	

Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)